MULTIPLE PENDENT CLAIM FEE CAL **\TION SHEET** (FOR USE FORM PTO-875) APPLICANT(S) **CLAIMS** AFTER AS FILED AFTER I"AMENDMENT 2 MAMENDMENT IND. DEP. IND. R DEP. IND. DEP. HENT EP. 6 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25

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